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Service Connection for PTSD Is Not a Gender Issue: Comment on Murdoch et al.

To the Editor:

Murdoch et al.¹ present an informative mail survey study examining possible gender bias in service-connected disability for veterans with posttraumatic stress disorder (PTSD). Results convincingly demonstrated that, although there was a marked gender difference in service connection (SC) for PTSD, this discrepancy was mediated by combat exposure, which overwhelmingly favored men. The authors conclude that veterans who are the victims of sexual trauma are disadvantaged in obtaining disability benefits for PTSD, and that this disproportionately affects women who are more likely to be victims of sexual trauma. One proposed explanation from the authors is that Veterans Affairs (VA) clinicians might not be as sensitive to the relationship between PTSD and sexual trauma as compared with combat exposure because it is the less prototypical presentation in the VA. To support this claim, Murdoch et al. cite only the general PTSD literature showing that PTSD is highest in sexual trauma survivors. However, there was no difference in PTSD symptoms between those reporting in-service sexual trauma versus combat exposure in their sample. Also, one should be careful inferring PTSD diagnosis from symptom checklists alone. PTSD symptoms do not necessarily indicate a PTSD diagnosis. Finally, recent research suggests that individuals with a history of sexual trauma are not more severe in their clinical presentation of PTSD than military veterans with combat trauma.²

An alternative conclusion, which Murdoch et al. give short shrift to, is that veterans with in-service sexual assault are less likely than those with combat exposure to meet *Diagnostic and Statistical Manual of Mental Disorders* criteria for PTSD. PTSD is merely 1 manifestation of psychopathology associated with trauma. Related anxiety, depression, and substance use disorders are other manifestations of the pernicious effects of trauma.³ The more plausible explanation to date for the discrepancy in rates of SC disability for PTSD is the higher likelihood of evidentiary support in those with combat exposure (which the authors note). Fur-

ther research is needed to support or refute this hypothesis. Regardless, gender per se does not appear to be the issue.

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Response

We described a 19% absolute difference in men and women's rates of service connection for posttraumatic stress disorder (PTSD).¹ Although interesting, for Mr. Gaudiano's explanation to account for this difference, one must assume a base rate of PTSD among sexual assault victims approximately 19% points lower than among combat veterans. However, research consistently shows higher base rates of PTSD in women compared with men^{2,3} and in sexual assault victims compared with combat veterans.^{2,4,5} More importantly, the conditional probability of developing PTSD is higher after sexual assault than after combat,^{2,3} and sexual "stress" is more strongly associated with PTSD symptoms than is combat or other duty-related stresses.⁶⁻⁸

Before controlling for combat, women had substantially lower odds of PTSD service connection despite similar PTSD symptom severity scores as men. Certainly, one must be cautious inferring PTSD diagnoses from a symptom checklist. However, the checklist we used, the Penn Inventory for PTSD, has high predictive validity in veterans^{5,9} and comparable performance characteristics across gender.¹⁰ Consequently, men and women with similar Penn Inventory scores should have roughly equivalent odds of meeting *Diagnostic and Statistical Manual of Mental Disorders* (DSM) criteria for PTSD. As Mr. Gaudiano notes, combat veterans and sexual assault victims had similar Penn Inventory scores. These facts

counter the argument that sexual assault victims/women were less likely than combat veterans/men to meet DSM criteria for PTSD.

Mr. Gaudiano raises the important point that PTSD is just 1 of many psychiatric conditions associated with trauma. Sexual assault victims can have especially complex PTSD presentations,¹¹ making it difficult to disentangle PTSD from other comorbidities.¹² However, previous researchers reported concerns that VA clinicians have lower diagnostic suspicion for PTSD among women noncombatants than among male combat veterans,^{13,14} and our data do not refute them. We heartily agree more research is needed to understand these issues. Until it is done, however, gender discrepancies in rates of PTSD service connection remain, by default, a gender issue.

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